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FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. IND. DEP. DEP. DEP. ſ į 1 . \$: : ï ı , , • ı • ŧ ŧ त दर्भ इ.स TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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